

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.	09/889022	FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8	1					
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15	1					
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46						
47						
48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.	18	↔	↔	↔	↔	↔
TOTAL CLAIMS	21	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

*	*		*	
	IND.	DEP.	IND.	DEP.
51				
52				
53				
54				
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93				
94				
95				
96				
97				
98				
99				
100				
TOTAL IND.				
TOTAL DEP.		↔	↔	↔
TOTAL CLAIMS	21	[REDACTED]	[REDACTED]	[REDACTED]

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS